Comments of the Draft CDC Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005

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Page	Paragraph Designation	Topic	Comment
		General Comment	This is an excellent document, a fine revision of a signature work. All of the authors, coordinators, expert reviewers, and support staff who have brought the draft to this point are to be commended for their efforts. When finalized, this guideline will be a "must have" for infectious disease physicians, hospital epidemiologists, and infection control practitioners. The comments are provided with the intent to clarify a few points.
		General Comment	I agree with the comments provided by Judene Bartley, in which she points out the topics shared among this guideline, the draft HICPAC isolation guidelines, and the CDC "Guidelines for Environmental Infection Control in Health-Care Facilities."
22	B.4	Environmental Factors	In the fourth bullet of this item, the statement reads "inadequate cleaning of equipment." You are probably referring to patient-care instruments (e.g., bronchoscopes) rather than environmental surfaces that we identify as "housekeeping surfaces." If this is your intent, clarify that fourth bullet to specify "instruments and patient-care devices." I am not aware of any transmission of TB attributed to the housekeeping surfaces or equipment surfaces that do not make direct contact with the patient.
76	E.6	Bronchoscopy Suites	You may want to add the statement as a new E..6.11 that addresses the need to thoroughly clean and disinfect bronchoscopes and other patient-care devices in accordance with professional association guidance and manufacturer instructions.
196	Supplement 5	I. General	I would revise the last sentence in the first paragraph to read: "Guidelines for cleaning and reprocessing (i.e., disinfection or sterilization) flexible endoscopic instruments have been published (442-446)." When preparing this instrument for next use, the terminal reprocessing step will be either high-level disinfection or sterilization, but not both.
196	Supplement 5	I. A, B, C	This is mostly a format/style preference. I would prefer that you distinguish the definition of each category from the additional information about the processes and procedures one uses to achieve these states. This is more applicable to the material for B. and C. For B., I would insert a break right before the sentence

			starting “Meticulous cleaning…” For C., insert a break before the sentence starting “When non-critical instruments…” The last sentence in C. needs a small clarification. Although it is technically correct to state that tuberculocidal activity is not needed for cleaning agents etc., it gives the reader the impression that cleaners will have bona fide antimicrobial activity. The contribution of cleaners to reprocessing is to lift organic matter from surfaces (via surfactants) so that microbial reductions can occur. Cleaners may have some antimicrobial properties, but we place more of the emphasis on soil removal rather than inactivation. Here’s a suggestion for the revision of the last sentence: “Cleaning agents and low-level disinfectants (i.e., non-tuberculocidal germicides) can be used to clean and disinfect minimally-soiled surfaces that are touched frequently by hand. Detergent/disinfectants can be used on floors, walls, table tops, and other surfaces with minimal hand contact. It is preferable to use EPA-registered products in accordance with label instructions for disinfecting environmental surfaces.”
197	Supplement F.	II Disinfection	Consider citing the CDC “Guidelines for Environmental Infection Control in Health-Care Facilities” as a resource for this discussion. I would also revise the fifth sentence to read: “Since mycobacteria have the highest intrinsic level of resistance among the vegetative bacteria, viruses, and fungi, tuberculocidal germicides (i.e., high-level- and intermediate-level disinfectants) are considered capable of inactivating a broad spectrum of pathogens…”
	Supplement F.	General Comment	One concept that appears to be missing from the discussion of disinfection of patient-care items and environmental surfaces is the role of the regulatory agencies. I would strongly suggest that you include a short paragraph on this. FDA regulates the marketing of patient-care instruments, devices, and equipment, while EPA registers disinfectants used on environmental surfaces. Both agencies are insistent that the products they regulate are used in accordance with label instructions. Good general advice is to follow manufacturers’ instructions. Failure to do this technically violates federal law… If you check the “Environmental Services” section of the CDC “Guidelines for Environmental Infection Control in Health-Care Facilities” (EIC guidelines), you’ll see the discussion of the topic from EPA’s perspective (cross-cleared by EPA). For example, it is preferable for people to use EPA-registered disinfectants for environmental surfaces, but we’ve all grown up with the idea of using chlorine bleach or sodium hypochlorite as a general intermediate-level disinfectant. Using a store brand version of bleach for this task is considered by EPA to be an “off-label use,” and that’s not appropriate. Check the EIC guidelines to see how we were able to grandfather the practice with EPA concurrence. If you

			would like me to draft some material on this topic for you, do not hesitate to contact me (los0@cdc.gov (404) 639-2314